

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DR	3-2	11/14/00
FORMALITY REVIEW	AB	65373	
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

3/25/01

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	03/25/01
1	✓ 04/04/01
2	✓ 05/04/01
3	✓ 05/04/01
4	✓ 05/04/01
5	✓ 05/04/01
6	✓ 05/04/01
7	✓ 05/04/01
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here